

REMARKS

The Applicants respectfully request further examination and reconsideration in view of the amendments set forth above and the arguments set forth below. Claims 1-14, 17-24 and 41-51 were pending in this application. Applicants have previously filed a response on July 14, 2004 to a Final Office Action mailed May 14, 2004 amending Claims 1, 11, 17 and 41 and adding new Claims 50 and 51. Because the Applicants did not receive an Advisory Action within six months of the Office Action mailed on May 14, 2004, on November 12, 2004 the Applicants filed a Request for Continued Examination (RCE). Accordingly Claims 1-14, 17-24 and 41-51 are still pending in this Application.

In response to the Applicants' correspondence filed on July 14, 2004 and the RCE filed November 12, 2004, an Office Action was sent on April 7, 2005 rejecting Claims 1-14, 17-24 and 41-51. The rejection of Claims 1-14, 17-24 and 41-51 was made final even though this was the first Office Action after filing the RCE and Claims 1, 11, 17 and 41 had been amended and new Claims 50 and 51 had been added.

Within the Office Action mailed April 7, 2005 it is stated that the rejection of the Claims 1-14, 17-24 and 41-51 has been made final even though it is the first action after filing the RCE and the submission under 37 C.F.R. § 1.114, because all the claims are drawn to the same invention claimed in the application prior to entry or submission under 37 C.F.R. § 1.114 and could have been finally rejected on the grounds and art of record in the next Office Action if they had been entered in the application prior to the entry under 37 C.F.R. § 1.114. An Advisory Action in response to Applicants' correspondence sent July 14, 2004 was eventually mailed on April 13, 2005, almost nine (9) months after the filing of the Applicants' response. Applicants respectfully submit that the finality of the rejection of Claims 1-14, 17-24 and 41-51 in the Office Action mailed on April 7, 2005 is improper.

In response to the previous Office Action mailed May 14, 2004, Applicant amended the claims to recite limitations and combinations of limitations which were not addressed in any previous Office Action and which Applicants contend could not be properly rejected on the art made of record. Accordingly, the Applicants respectfully request the finality of the Office Action be withdrawn.

The Applicants have detailed the differences between the prior art made of record and the claimed invention in a number of previous communications. It is the Applicants' position that the rejection of the Claims 1-14, 17-24 and 41-51 is predicated on an overly broad interpretation of the teaching in the U.S. Patent No. 5,125,922 to Dwyer (hereafter "Dwyer") and/or

combinations of large numbers of references. The medical laser system of Dwyer does not have the structural features of the claimed invention and is not functionally the same as the claimed invention.

Again, Dwyer teaches an apparatus with two lasers producing two different wavelengths.

5 An operator can choose which wavelength is selected by turning on the appropriate laser and shutting off the appropriate laser. However, it not feasible to alternate between pulses or sets of pulses, with an apparatus such as taught by Dwyer, in the time frame required to perform a coagulation or ablation operation on a target area tissue as recited in the claims of the present invention. Within the present Office Action, these arguments are cursorily disregarded because it
10 is stated that Dwyer teaches a medical laser that can ablate and coagulate tissue and the switching between the two functions can be done quickly.

While, the present invention is directed to a medical laser that has a plurality of laser sources and which can change between ablation and coagulation mode, these are not the only features that are being claimed. Specifically, the present invention is also directed to a medical
15 laser that uses laser pulses from each of the plurality of laser sources and combines the pulses to form a laser output of the combined pulses while the medical laser is in at least one of ablation mode or coagulation mode. In order to accomplish this goal, a galvanometer is preferably used to rapidly switch between the pulses from each of the laser sources. Applicants contend that the medical laser system of Dwyer can not operate to switch between laser sources on a pulse time
20 scale, such that the pulses from both lasers can be combined while operating in at least one of the ablation mode and coagulation mode. Claims 50 and 51 have been added to specifically recite a galvanometer as well as the other features described above.

By way of the previous amendments, the Applicants have amended the independent Claim1 to recite a medical laser delivery apparatus for delivering a series of laser pulses having a
25 wavelength, in order to clearly state that the series of laser pulses have laser light at the wavelength. Within the present Office Action it is stated that “comprising-type” claim language allows more than one wavelength to exist in the laser output. It is further stated that the originally filed disclosure does not provide support for both lasers to produce pulses of the same wavelength. While the laser light can include more than one wavelength, Applicants contend
30 that does not preclude or render irrelevant the limitation of laser pulses from more than one laser source having the wavelength, (viz. the same wavelength). Further, it is a fact of physics that lasers of the “same kind” by definition produce laser light of the same wavelength. Laser light is a property of the lasing material and lasers made from the same material, will lase with the same

wavelength or wavelengths. Accordingly, in the absence of any modifying optics and/or filters, pulses from two or more lasers of the same kind will have laser light at the same wavelength and can, therefore, be combined to produce a laser output having the wavelength.

In summary, Dwyer is a medical laser system with lasers that operate at two different wavelengths. In use, an operator can switch between lasers to produce two corresponding laser outputs, one with a first wavelength for ablation and one with a second wavelength for coagulation. However, Dwyer does not teach or suggest combining pulses from the same kind of laser, the pulses having a wavelength and wherein the combined pulses produce a laser output at the wavelength while operating in at least one of ablation mode or coagulation mode. Applicant contends that these as well as a number of other distinguishing features are clearly recited in each of the independent Claims 1, 11, 17, 41, 50 and 51.

Rejections Under 35 U.S.C. § 102

Within the Office Action, Claims 1, 11, and 41 have been rejected under 35 U.S.C. § 102(b) as being anticipated by Dwyer. Applicants respectfully disagree and contend that each of the Claims 1, 11, and 41 clearly recite features not taught or suggested by Dwyer, such as those described in detail above and below.

Specifically, the independent Claim 1 is directed to a medical laser delivery apparatus for delivering a series of laser pulses having *a wavelength*, the medical laser delivery apparatus including non-ablative laser pulses for directing to an area of tissue to be treated and generating a region of coagulation to a controllable coagulation depth under a surface of the area of tissue. The apparatus comprises a laser source for generating the series of laser pulses including the non-ablative laser pulses to be delivered to the area of tissue to be treated in order to raise a temperature at the surface of the area of tissue to be treated to a temperature sufficient to generate coagulation at the coagulation depth when the laser source is in a coagulation mode. The laser source comprises two or more lasers that combine the series of laser pulses from the two or more lasers. As discussed above, Dwyer fails to teach a medical laser delivery apparatus which has a laser source with two or more lasers having *a wavelength* that are combined to form a single output to generate conditions for ablation and coagulation. For at least these reasons, the independent Claim 1 is allowable over the teachings of Dwyer.

The independent Claim 11 is directed to a medical laser comprising a laser source having two or more pulsed lasers for generating pulses of laser light having *a wavelength*, wherein a series of the pulses of laser light are combined from the laser source for generating a single laser

output having a predetermined absorption, wherein the predetermined absorption forms a predetermined coagulation depth and a laser control system coupled to the laser source for controlling the laser source to deliver the laser output to a target area. As discussed above, Dwyer fails to teach a medical laser delivery apparatus which has a laser source with two or more
5 lasers having *a wavelength* that are combined to form a single output to generate conditions for ablation and coagulation. For at least these reasons, the independent Claim 11 is allowable over the teachings of Dwyer.

The independent Claim 41 is directed to a dual mode medical laser system, for sequentially ablating and coagulating a region of target tissue with ablation laser pulses followed
10 by coagulation laser pulses. The dual mode medical laser system comprises a laser source comprising a first laser and a second laser for generating a first set of laser pulses and a second set of laser pulses at *a wavelength*, means to combine pulses of the first set of laser pulses and the second set of laser pulses to provide a single laser output, the single laser output being capable of coagulating tissue with the system in a coagulation mode and ablating tissue with the system in
15 an ablating mode and means to direct the single laser output to the region of the target tissue. As discussed above, Dwyer fails to teach a system capable of coagulating tissue with the system in a coagulation mode, and ablating tissue with the system in ablation mode which combines laser pulses having *a wavelength* from multiple lasers to generate a single laser output. For at least these reasons, the independent Claim 41 is allowable over the teachings of Dwyer.

Rejections Under 35 U.S.C. § 103

Within the Office Action, Claims 1-3, 8, 41, 43, 44 and 47-51 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 4,672,969 to Dew (hereinafter "Dew") in combination with, U.S. Patent No. 5,620,435 to Belkin et al. (hereinafter "Belkin et al.") and, the article entitled "Selective Photothermolysis: Precise Microsurgery by Selective
25 Absorption of Pulsed Radiation" by R. Rox Anderson and John A. Parrish (hereinafter "Anderson et al."). The Applicants respectfully traverse the rejection of Claims 1-3, 8, 41, 43, 44 and 47-51 under 35 U.S.C. § 103(a) as being unpatentable over Dew in combination with Belkin et al. and Anderson et al. for the following reasons.

Dew teaches a laser healing method to effect wound closure and reconstruction of biological tissue. Optical energy is applied to produce thermal heating of biological tissue to a degree suitable for denaturing the tissue proteins such that the collagenous elements of the tissue form a biological glue to seal and reconstruct the tissue being heated. [Dew, Abstract] The

system of Dew includes a laser 20. Dew teaches a marker laser 30 which is co-aligned with the infrared beam of the laser 20. Further, Dew teaches that an auxiliary source of optical energy 50 can be incorporated into the apparatus to emit radiation having a wavelength which is intensely absorbed by biological tissue. Dew does not teach a medical laser with a laser source having two or more lasers having a wavelength, wherein pluses from the two or more lasers combined for generating a laser output at the wavelength while operating in at least one of the ablation mode and coagulation mode.

Belkin et al. teaches a method for welding ocular tissues to each other using a carbon dioxide laser. [Belkin et al., col. 2, lines 35-44] Belkin et al. do not teach a medical laser with a laser source with two or more lasers. Belkin et al. do not teach a medical laser with a laser source having two or more lasers having a wavelength, wherein pluses from the two or more lasers combined for generating a laser output at the wavelength while operating in at least one of the ablation mode and coagulation mode.

Anderson et al. teach a scheme for confining thermally mediated radiation damage to chosen pigmented targets. [Anderson et al., p. 524] The technique relies on selective absorption of a brief radiation pulse to generate and confine heat at certain pigmented targets. [Anderson et al., p. 524] Anderson et al. do not teach a medical laser with a laser source having two or more lasers having a wavelength, wherein pluses from the two or more lasers combined for generating a laser output at the wavelength while operating in at least one of the ablation mode and coagulation mode.

Neither Dew, Belkin, Anderson et al., nor their combination teach or suggest a medical laser with a laser source having two or more lasers having a wavelength, wherein pluses from the two or more lasers combined for generating a laser output at the wavelength while operating in at least one of the ablation mode and coagulation mode or means for combining pulses from two or more lasers. These features as well as other distinguishing features are recited in the independent Claims 1, 41, 50 and 51. For at least these reasons, the independent Claims 1, 41, 50 and 51 are allowable over the teachings of Dew, Belkin et al., Anderson et al. and their combination.

Specifically, the independent Claim 1 recites a medical laser delivery apparatus for delivering a series of laser pulses having *a wavelength*, the medical laser delivery apparatus including non-ablative laser pulses for directing to an area of tissue to be treated and generating a region of coagulation to a controllable coagulation depth under a surface of the area of tissue, the apparatus comprising a laser source for generating the series of laser pulses including the non-ablative laser pulses to be delivered to the area of tissue to be treated in order to raise a

temperature at the surface of the area of tissue to be treated to a temperature sufficient to generate coagulation at the coagulation depth when the laser source is in a coagulation mode, wherein the laser source comprises two or more lasers that combines the series of laser pulses from the two or more lasers. As discussed above, neither Dew, Belkin et al., Anderson et al. nor their
5 combination teach or make obvious a laser delivery apparatus for delivering a series of laser pulses having *a wavelength* comprising a laser source with two or more lasers that combines a series of laser pulses from the two or more lasers. For at least these reasons, the independent Claim 1 is allowable over the teachings of Dew, Belkin, Anderson and their combination.

10 Claims 2, 3 and 8 are all dependent on the independent Claim 1. As described above, the independent Claim 1 is allowable over the teachings of Dew, Belkin et al., Anderson et al. and their combination. Accordingly, Claims 2, 3 and 8 are all also allowable as being dependent upon an allowable base claim.

The independent Claim 41 is directed to a dual mode medical laser system, for sequentially ablating and coagulating a region of target tissue with ablation laser pulses followed
15 by coagulation laser pulses, the dual mode medical laser system comprising a laser source comprising a first laser and a second laser for generating a first set of laser pulses and a second set of laser pulses at *a wavelength*; means to combine pulses of the first set of laser pulses and the second set of laser pulses to provide a single laser output, the single laser output being capable of coagulating tissue with the system in a coagulation mode and ablating tissue with the
20 system in an ablating mode and means to direct the single laser output to the region of the target tissue. As discussed above, neither Dew, Belkin et al., Anderson et al. nor their combination teach or make obvious a medical laser system for delivering a series of laser pulses having comprising a laser source comprising a first laser and a second laser for generating a first set of laser pulses and a second set of laser pulses at *a wavelength*; means to combine pulses of the first
25 set of laser pulses and the second set of laser pulses to provide a single laser output, the single laser output being capable of coagulating tissue with the system in a coagulation mode and ablating tissue with the system in an ablating mode. For at least these reasons, the independent Claim 41 is allowable over the teachings of Dew, Belkin et al., Anderson et al. and their combination.

30 Claims 43, 44 and 47-49 are all dependent on the independent Claim 41. As described above, the independent Claim 41 is allowable over the teachings of Dew, Belkin et al., Anderson et al. and their combination. Accordingly, Claims 43, 44 and 47-49 are also all allowable as being dependent upon an allowable base claim.

The independent Claim 50 is directed to a medical laser delivery apparatus for delivering a series of laser pulses having a wavelength, the medical laser delivery apparatus including non-ablative laser pulses for directing to an area of tissue to be treated and generating a region of coagulation to a controllable coagulation depth under a surface of the area of tissue, the apparatus comprising a laser source for generating the series of laser pulses including the non-ablative laser pulses to be delivered to the area of tissue to be treated in order to raise a temperature at the surface of the area of tissue to be treated to a temperature sufficient to generate coagulation at the coagulation depth when the laser source is in a coagulation mode, wherein the laser source comprises two or more lasers, the medical laser delivery apparatus further comprising a galvanometer that combines the series of laser pulses from the two or more lasers into a single laser output by switching between laser outputs from the two or more lasers. As discussed above, neither Dew, Belkin et al., Anderson et al. nor their combination teach or make obvious a medical laser delivery apparatus for delivering a series of laser pulses having a wavelength from a laser source comprises two or more lasers, and a galvanometer that combines the series of laser pulses from the two or more lasers into a single laser output by switching between laser outputs from the two or more lasers. For at least these reasons, the independent Claim 50 is allowable over the teachings of Dew, Belkin et al., Anderson et al. and their combination.

The independent Claim 51 is directed to a medical laser delivery apparatus for delivering a series of laser pulses having a wavelength, the medical laser delivery apparatus including non-ablative laser pulses for directing to an area of tissue to be treated and generating a region of coagulation to a controllable coagulation depth under a surface of the area of tissue, the apparatus comprising a laser source for generating the series of laser pulses including the non-ablative laser pulses to be delivered to the area of tissue to be treated in order to raise a temperature at the surface of the area of tissue to be treated to a temperature sufficient to generate coagulation at the coagulation depth when the laser source is in a coagulation mode, wherein the laser source comprises two or more lasers, the medical laser delivery apparatus further comprising a galvanometer that combines the series of laser pulses from the two or more lasers into a single laser output by switching between laser outputs from the two or more lasers. As discussed above, neither Dew, Belkin et al., Anderson et al. nor their combination teach or make obvious a laser delivery apparatus with a laser source comprises two or more lasers and a galvanometer that combines the series of laser pulses from the two or more lasers into a single laser output by

switching between laser outputs from the two or more lasers. For at least these reasons, the independent Claim 51 is allowable over the teachings of Dew, Belkin et al., Anderson et al. and their combination.

Within the Office Action, Claims 1, 6, 7, 11-13, 17, 18, 41 and 44-46 have been rejected
5 under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 5,098,426 to Sklar et al. (hereinafter "Sklar et al.") in combination with Dwyer. The Applicants respectfully traverse the rejection of Claims 1, 6, 7, 11-13, 17, 18, 41 and 44-46 under 35 U.S.C. § 103(a) as being unpatentable over Sklar et al. in combination with Dwyer for the following reasons.

Sklar et al. teach a system and method for accurately controlling and positioning laser
10 sources, specifically during surgery. According to Sklar et al. "a limiting factor to the duration of the operation under these procedures (viz. Prior Art procedures) is the surgeon's reaction time while focusing on the target and the patients movement while the surgeon is trying to find the target and react to the target recognition by firing the laser. [Sklar et al., column 5, lines 13-19] In view of these prior art limitations, Sklar et al. teach a system for performing precision laser
15 surgery which includes an imaging system for providing a surgeon with precision tracking and topographical information regarding the surgical target area. [Sklar et al., Abstract] Sklar et al. state that "it is well appreciated that the limitations on the achievable accuracy and control of laser surgical instruments today is no longer paced by the development of laser technology, but by the imaging and tracking technologies needed to efficiently use the laser." [Sklar et al.,
20 column 2, lines 39-43]

In other words the teachings of Sklar et al. are directed to laser tracking and not a laser delivery system in accordance with the teachings of the present Application. Even if the teachings of Sklar et al. in combination with the teachings of Dew, Belkin et al. and Anderson et al. were appropriate, Sklar et al. do not teach a medical laser with a laser source having two or
25 more lasers having a wavelength, wherein pluses from the two or more lasers combined for generating a laser output at the wavelength while operating in at least one of the ablation mode and coagulation mode.

Further it is noted that from the description that the tracking system of Sklar et al. can be used with any number of laser sources. Sklar et al. state that "the therapeutic laser may be a
30 frequency multiplied solid state laser which may be either flash lamp or diode pumped, or an argon, argon pumped dye, excimer, excimer pumped dye, nitrogen, nitrogen pumped dye, or any host of different lasers or combinations thereof." [Sklar et al., column 16, lines 60-68] The mere recitation of a "combination" of lasers does not suggest or teach the particular configuration of

lasers claimed in the instant application. The recitation of a “combination” of lasers is interpretable to mean independently operable lasers, combination laser and pumping lasers and any other imaginable “combination.”

Dwyer is characterized above. Neither Sklar et al., Dwyer nor their combination teaches or suggests combining laser pulses from a laser source comprising two or more lasers having a wavelength to generate a single laser output for coagulating or ablating tissue. These features, as well as other distinguishing features, are recited in the independent Claims 1, 11, 17 and 41. For at least these reasons, the independent Claims 1, 11, 17 and 41 are allowable over the teachings of Sklar et al., Dwyer and their combination.

Specifically, the independent Claim 1 recites a medical laser delivery apparatus for delivering a series of laser pulses having *a wavelength*, the medical laser delivery apparatus including non-ablative laser pulses for directing to an area of tissue to be treated and generating a region of coagulation to a controllable coagulation depth under a surface of the area of tissue, the apparatus comprising a laser source for generating the series of laser pulses including the non-ablative laser pulses to be delivered to the area of tissue to be treated in order to raise a temperature at the surface of the area of tissue to be treated to a temperature sufficient to generate coagulation at the coagulation depth when the laser source is in a coagulation mode, wherein the laser source comprises two or more lasers that combines the series of laser pulses from the two or more lasers. As discussed above, neither Sklar et al., Dwyer nor their combination teach or make obvious a laser delivery apparatus for delivering a series of laser pulses having *a wavelength* comprising a laser source with two or more lasers that combines a series of laser pulses from the two or more lasers. For at least these reasons, the independent Claim 1 is allowable over the teachings of Sklar et al., Dwyer and their combination.

Claims 6 and 7 are both dependent on the independent Claim 1. As described above, the independent Claim 1 is allowable over the teachings of Sklar et al., Dwyer and their combination. Accordingly, Claims 6 and 7 are both also allowable as being dependent upon an allowable base claim.

The independent Claims 11 is directed to a medical laser comprising a laser source having two or more pulsed lasers for generating pulses of laser light having *a wavelength*, wherein a series of the pulses of laser light are combined from the laser source for generating a single laser output having a predetermined absorption, wherein the predetermined absorption forms a predetermined coagulation depth and a laser control system coupled to the laser source for controlling the laser source to deliver the laser output to a target area. As discussed above,

neither Sklar et al., Dwyer nor their combination teach or make obvious a medical laser comprising a laser source having two or more pulsed lasers for generating pulses of laser light having *a wavelength*. For at least these reasons, the independent Claim 11 is allowable over the teachings of Sklar et al., Dwyer and their combination.

5 Claims 12 and 13 are both dependent on the independent Claim 11. As described above, the independent Claim 11 is allowable over the teachings of Sklar et al., Dwyer and their combination. Accordingly, Claims 12 and 13 are also both allowable as being dependent upon an allowable base claim.

10 The independent Claim 17 is directed to a medical laser delivery apparatus for treating an area of tissue comprising a laser source having a first laser and a second laser each of which generate laser pulses having *a wavelength*, the laser source being configured to combine laser pulses of the first laser and the second laser to form a single laser output by a combining apparatus for delivering a series of laser pulses each having a strength and a duration to ablate or coagulate the area of tissue being treated a laser delivery system coupled to the laser source for
15 delivering the laser pulses from the laser source to the area of tissue being treated and a control system for selecting the rate and fluence of the laser pulses, the control system coupled to the laser source for controlling generation of the laser pulses from the laser source, wherein the laser source operates in both an ablation mode and a coagulation mode such that when in the ablation mode, the strength and duration of the laser pulses are sufficient to ablate tissue at the area of
20 tissue being treated to a controllable ablation depth and when in the coagulation mode, the strength and duration of the laser pulses are sufficient to generate a coagulation region having a controllable coagulation depth within the tissue remaining at the area of tissue being treated without ablating any tissue. As discussed above, neither Sklar et al., Dwyer nor their combination teach or make obvious medical laser delivery apparatus for treating an area of tissue
25 comprising a laser source having a first laser and a second laser each of which generate laser pulses having *a wavelength*, the laser source being configured to combine laser pulses of the first laser and the second laser to form a single laser output. For at least these reasons, the independent Claim 17 is allowable over the teachings of Sklar et al., Dwyer and their combination.

30 Claim 18 is dependent on the independent Claim 17. As described above, the independent Claim 17 is allowable over the teachings of Sklar et al., Dwyer and their combination. Accordingly, Claim 18 is also allowable as being dependent upon an allowable base claim.

The independent Claim 41 is directed to a dual mode medical laser system, for sequentially ablating and coagulating a region of target tissue with ablation laser pulses followed by coagulation laser pulses, the dual mode medical laser system comprising a laser source comprising a first laser and a second laser for generating a first set of laser pulses and a second set of laser pulses at *a wavelength*; means to combine pulses of the first set of laser pulses and the second set of laser pulses to provide a single laser output, the single laser output being capable of coagulating tissue with the system in a coagulation mode and ablating tissue with the system in an ablating mode and means to direct the single laser output to the region of the target tissue. As discussed above, neither Sklar et al., Dwyer nor their combination teach or make obvious a medical laser system for delivering a series of laser pulses having comprising a laser source comprising a first laser and a second laser for generating a first set of laser pulses and a second set of laser pulses at *a wavelength*; means to combine pulses of the first set of laser pulses and the second set of laser pulses to provide a single laser output, the single laser output being capable of coagulating tissue with the system in a coagulation mode and ablating tissue with the system in an ablating mode. For at least these reasons, the independent Claim 41 is allowable over the teachings of Dew, Belkin, Anderson and their combination.

Claims 44-46 are all dependent on the independent Claim 41. As described above, the independent Claim 41 is allowable over the teachings of Sklar et al., Dwyer and their combination. Accordingly, Claims 44-46 are also all allowable as being dependent upon an allowable base claim.

Within the Office Action, Claims 4, 9, 10, 42 and 52 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Dew in combination with Anderson et al., Belkin et al. and further in view of U.S. Patent No. 5,938,657 to Assa et al. (hereafter "Assa et al.").

Assa et al. teach an apparatus for delivering energy with a continuous output and can not be combined with Dew, Anderson et al. or Belkin et al., either singularly or in combination, teach the combination of features taught and claimed in the instant application. Again, the inordinate number of combined references is inconsistent with establishing a prima facie case of obviousness and there is no hint, teaching or suggestion in the prior art to combine the references in a way which would produce the invention as claimed in the instant application. Neither Dew, Anderson et al., Belkin et al., Assa et al. nor their combination teaches or suggests combining laser pulses from a laser source comprising two or more lasers having a wavelength to generate a single laser output while in at least one of coagulating or ablating mode.

Claims 4, 9, 10 and 52 are all dependent on the independent Claim 1, and Claim 42 is dependent on the independent Claim 41. As described above, the independent Claims 1 and 41 are both allowable over the teachings Dew, Belkin et al., Anderson et al. and their combination. Accordingly, Claims 4, 9, 10, 41 and 52 are also all allowable as being dependent upon allowable
5 base claims.

Within the Office Action, Claims 14 and 19-22 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Dew in combination with Anderson et al. and Belkin et al. and further in view of Sklar et al.

As previously described neither Dew, Anderson et al., Belkin et al., Sklar et al. nor their
10 combination teach or suggest a medical laser comprising a laser source having two or more pulsed lasers for generating pulses of laser light having *a wavelength*, such as recited in the independent Claim 11. For at least these reasons, the independent Claim 11 is allowable over the teachings of Dew, Anderson et al., Belkin et al., Sklar et al. and their combination.

Claims 14 and 19-22 are all dependent on the independent Claim 11. As described above
15 the independent Claim 11 is allowable over the teaching of Sklar et al., Dwyer and their combination. Accordingly, Claims 14 and 19-22 are also all allowable as being dependent on an allowable base claim.

Within the Office Action, Claims 23 and 24 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Dew in combination with Anderson et al., Belkin et al., Sklar and
20 further in view of Assa et al.

Again, neither Dew, Anderson et al., Belkin et al., Sklar, Assa et al., nor their combination teach or suggest a medical laser delivery apparatus for treating an area of tissue comprising a laser source having a first laser and a second laser each of which generate laser pulses having *a wavelength*, the laser source being configured to combine laser pulses of the first
25 laser and the second laser to form a single laser output, such as recited in the independent Claim 17. For at least these reasons, the independent Claim 17 is allowable over the teachings of Dew, Anderson et al., Belkin et al., Sklar, Assa et al. and their combination.

Claims 23 and 24 are both dependent on the independent Claim 17. As described above, the independent Claim 17 is allowable over the teachings of Sklar, Dwyer and their combination.
30 Accordingly, Claims 23 and 24 are both also allowable as being dependent upon an allowable base claim.

For the all of the reasons given above, Applicants respectfully submit that the claims are in a condition for allowance, and allowance at an early date would be appreciated. Should the Examiner have any questions or comments, he is encouraged to call the undersigned at (408) 530-9700 to discuss them so that any outstanding issues can be expeditiously resolved.

Respectfully submitted,
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CERTIFICATE OF MAILING (37 CFR 1.614)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

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